



QUARTERLY EVALUATION

Section 115-50-60-C of the Virginia regulations requires that the applicant's supervisor provide quarterly evaluations to the resident which must be included with the applicant's "MFT LICENSURE APPLICATION" (MFTForm 2). **This form must be signed and dated by both the supervisor and the resident.**

TO THE SUPERVISOR: Please complete a copy of this form at the end of each three month period that you supervise the resident listed below.

Resident's Name (First / Middle / Last)

Supervisor's Name (First / Middle / Last)

Name of Resident's Work Site

This evaluation is for the time period starting:

and ending:

Month / Date / Year

Month / Date / Year

Client Population(s) Seen:

Issues Addressed:

Therapy Techniques Used:

Assessment Instruments Used:

Evaluation Summary:

Signature of Supervisor: _____ Date: _____

Signature of Resident: _____ Date: _____